THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-I 200

HEALTH AFFAIRS

APR 7 2000

MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE

SUBJECT: H.A. Policy on Vision Correction via Laser Surgery for Non-Active Duty Beneficiaries

Recent events have called attention to the need for a DoD policy on laser surgery for vision correction for non-Active Duty beneficiaries. At the present time, neither Photorefractive Keratectomy (PRK) nor Laser In-Situ Keratomileusis (LASIK) is approved as part of the healthcare benefit under TRICARE. A convincing case has been made for the utility of providing PRK for some military personnel. Due to a Tri-Service approach with line commander coordination, a multi-site pilot program to provide PRK to some service members is now poised to begin. Operational commanders will identify the soldiers, sailors, airmen, and marines whose military occupations warrant eligibility for such interventions. Because of the readiness impact, this Program is the only currently authorized laser eye surgery offered by the Military Health System. In rare instances where initial volume of active duty cases is insufficient, augmentation of caseload via judicious use of space available non-active duty cases to insure adequate volume for maintenance of provider skills may be necessary. The Executive Director for the Residency Review Committee (RRC) for Ophthalmology has indicated that there is presently no minimal requirement for PRK or LASIK for residents in training. Some resident participation is desirable, but absence of such experience from the core curriculum will not place the residency program at risk for citation from the RRC. Arranging for resident participation at the pilot sites would serve as a means to achieve such participation.

Provision of elective laser eye surgery to family members, retirees, and family members of retirees at their own, albeit discounted, expense, via agreement with civilian laser facilities is not an authorized TRICARE benefit. The preoperative evaluation and postoperative follow-up, which such procedures generate, will create a new, additional, requirement for clinical appointments. This demand will compete for available appointments for critical ophthalmologic services, such as yearly dilated examinations for diabetics (MHS compliance may be as low as 50%), or potentially overwhelm ophthalmologic clinical capacity such that access standards for authorized benefits can no longer be met. We are continuously challenged to meet the core needs of our TRICARE Prime beneficiaries and are pursuing strategies to recapture workload to the direct care system. Therefore, the use of MHS providers to perform elective laser eye surgery on non-military personnel in civilian laser facilities is not authorized.

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